

Win Durant Award Speech

12/8/04

Danny Barker, long-time banjo player for the Preservation Hall Jazz Band once said when he was in his 80's , "If you live long enough you just may make it." Maybe this award means I've lived long enough. I want to thank those responsible for choosing me for this honor for which I am deeply moved. I also feel humbled by the accomplishments of those who have preceded me.

As an undergraduate student at the University of Wisconsin, I was very influenced by publications describing ambulatory clinical practice in the Indian Health Service. At that time, they would take pharmacists and put them through an extensive training course for ambulatory clinical practice and then they would provide medical care to patients in addition to traditional pharmacy services. Much of the ambulatory service was aimed at the walk-in clinic patient who needed something for bronchitis, otitis or other acute problem. This was such an influence that a classmate of mine and I applied. IHS is a branch of the Coast Guard and we had to go to Great Lakes Naval Hospital near Chicago for a physical exam. My buddy passed that physical but I flunked mine. I suspected it was Dave Angaran, who was one of 2 clinical faculty members at the School and my faculty advisor who may have steered me in the direction of the Residency after my IHS setback.

I graduated from the Residency/Master's Program in 1975. At that time, you could choose an administrative or clinical emphasis. I chose the clinical emphasis. My training was inpatient except for an occasional shift in the outpatient pharmacy. There was no ambulatory care clinic role for a pharmacist. I spent a lot of my time with the Coronary Care Unit and Trauma and Life Support service and was leaning towards a career in Critical Care. Dave Angaran continued to be a major influence for me as he rounded with the TLC team and I learned a lot about commitment to patient care, the importance of providing that care with passion. He taught me to care for patients as if they were my own family members. I also learned of the rewards of having your recommendations carried out and then seeing those recommendations leading to improvements in the patient.

Dave Zilz and Tom Thielke were equally important as mentors in my professional development. They represented the administrative side of pharmacy practice. At the time I used to think I received way more administrative training than I thought I could ever use. I have to admit 30 years later those were experiences that helped shape my career and the administrative training was very useful in developing programs and making them succeed.

Tom taught me that you could take care of business yet have a good time doing it. Not only CAN you do it, but that you SHOULD do it. You spend too much of your lifetime at work not to enjoy it.

Dave Zilz, for those who never worked with him, was one of the most intense people I have ever worked with. He was totally committed to his work. I always thought of him as a futurist and a deep thinker who always astounded the residents with whom he worked. I remember once he came up to me long after I completed the residency and said he was working on a talk about the cost to society of drugs made by recombinant DNA technology. At the time, erythropoietin and human insulin may have been the only marketed drugs that fit that category and I didn't have much to offer on the subject. Little did I know that not that many years later I would be routinely prescribing TNF inhibitors for patients with RA which weren't even on my horizon at the time Dave talked to me about this. Of course, society still hasn't figured out how to pay for this as the cost of health care has risen sharply and 25% of society does not have health insurance.

Here's another anecdote about Dave Zilz I distinctly remember almost as if it happened yesterday. It was Halloween and a group of us were sitting around my house trying to figure out what to do. We eventually planned to end up on State Street for the annual gathering there. I had face paints in various clown colors and someone came up with the bright idea of getting painted up and then knocking on people's doors unannounced, convince them to join the group, get them painted and then going on to the next house gathering people as we went. There must have been 8-9 people in clown make-up in the Unit Dose/IV Admixture area when we went to pick up Andy Marlewski, one of my fellow Residents, who was working a shift in the IV admixture area (affectionately known as the Pit). You were supposed to finish that shift at 9 PM but when we got there a little after 9, Andy had stacks of orders to complete before he got out of there. A

number of us pitched in typing labels, drawing doses, face paint and all. In walks Dave Zilz and he was giving a visitor a tour of the Department. At the time, the computer system was new and novel and we had quite a few visitors but after 9 PM? Dave got this sly smile on his face and said a few things to his visitor I couldn't hear from where I was working typing those labels. We thought for sure we would catch hell the next day but never heard anything. I always wondered how he explained that a bunch of clowns were running his IV program to his guest.

When I was nearing completion of the Residency I thought I was headed for a career in critical care, but about the time I finished the Residency in 1975, the Madison VA was looking for someone to establish ambulatory clinical services. I remembered my plans for IHS practice, and thought if it can be done in IHS, it probably can be done in the VA. I remember meeting the Hospital Director early in my employment at the VA who said "I'm not sure what you will be doing but I know you will do good." The VA must have had a lot more money for personnel in those days than they do now. There was not really a role model for primary care practice or a place to train. Fortunately, I was in a position where I could apply many of the principles of patient care any good Residency program should provide and I had a number of physicians I worked with who assisted in teaching me what I needed to know to develop collaborative practice models for pharmacy clinicians.

Tiffany, one of my current residents, when I invited her to this luncheon replied that I should remember to mention the little people in my speech. I was a little taken aback by

this...How could she possibly have known Don Klimpel and Don Michalski? For those who don't know them, 30 years ago when I was a Resident at the University Hospital, Tom Thielke designated them as the short guys in the Department. Don Klimpel was in charge of Central Supply and Purchasing and Don Michalski was a Resident a year ahead of me in the program and he currently is in charge of the UW Veterinary School Pharmacy.

On further contemplation, I realized Tiffany was probably referring to herself and her fellow Residents. One of the things I know now that I didn't appreciate when I completed the residency is the concept of continuity in clinical training. Nothing makes me more proud as a Residency Director than to be introduced to current Residents of a program that is directed by a Resident I've trained. I feel that at least in some small way, I've had a role in that new Residents training. And so at this point I would like to introduce my residents, Tiffany Grueber, Kaitlyn Ly, Robyn Bragg, Maureen Byrne, Jennifer George, Rebekah Hansmeier, and Kelly Herbert to my mentors David Zilz and Tom Thielke. I hope you personally get to meet each other at the end of this talk.

James McAllister in his Whitney Award speech from 2003 describes sitting next to Dave Zilz at a Whitney Award dinner a couple of years prior to this and Dave asked him "What do you want your legacy to be?" This question served as the basis for Jim's Whitney speech.

Legacy is defined as something handed down from an ancestor or a predecessor or from the past. Paul Meyer in his book *Unlocking Your Legacy: 25 Keys to Success* suggests that your legacy includes traits, habits, talents and attitudes that are social, physical, mental, spiritual and emotional and can include both the good and the bad.

My legacy is the Residents that I have trained. Hopefully they learn traits, habits, talents and attitudes that are good. At least some of my legacy can be traced back to Win Durant, for whom this award is named. His foresight to develop one of the earliest Pharmacy Residencies in this country began a process which improved the practice of pharmacy nationally. Some of my Residents have gone on to become residency directors and some of their Residents are mentoring residents of their own. You can trace that passing of the professional torch of residency training through at least 5 generations. The impact of the development of University of Wisconsin hospital's residency program on the profession of pharmacy has to be huge from the standpoint of number of residents trained either directly by this program or indirectly through those who can trace their training to someone who was trained here.

I like to think that my legacy is also that of my mentors and Win Durant and that it will pass on to future residents who will pass on those good traits, habits, talents and attitudes for generations of pharmacy residents far into the future.

I would like to leave you with this comment from Morrie in the book *Tuesdays With Morrie*

So many people walk around with a meaningless life. They seem half-asleep, even when they are busy doing things they think are important. This is because they are chasing the wrong things. The way you get meaning into your life is to devote yourself to loving others, devote yourself to your community around you and devote yourself to creating something that gives you purpose and meaning.

I hope all of you devote your lives to creating something that gives you purpose and meaning. I thank you for this honor and the opportunity to talk to you today.